S. No. 300
v. 10-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42439

BIRTH NO. ______ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11248

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis Mo.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 6152 Waterman Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis 2059
d. STREET ADDRESS (If rural, give location) 6152 Waterman

3. NAME OF DECEASED (Type or Print) a. (First) Blanche b. (Middle) c. (Last) Joseph
4. DATE OF DEATH (Month) (Day) (Year) 12-31-1950
5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH Sept 28, 1885
9. AGE (In years last birthday) 65 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY dietitian
11. BIRTHPLACE (State or foreign country) Cincinnati Ohio
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Simon Jodeph
13b. MOTHER'S MAIDEN NAME Betty Frank
14. NAME OF HUSBAND OR WIFE ——
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS Florence Joseph, 6152 Waterman

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
INTERVAL BETWEEN ONSET AND DEATH 1/2 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

O.K. Joseph McDer[illegible] Deputy Coroner 12/31/50

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 31, 1950, *to* Jan 31, 1950, *that I last saw the deceased alive on* Jan 31, 1950, *and that death occurred at* 2:15 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE Lawrence M Kotner M.D. (Degree or title)
23b. ADDRESS 508 N Grand
23c. DATE SIGNED 12/31/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
24b. DATE 1/2/51
24c. NAME OF CEMETERY OR CREMATORY Valhalla
24d. LOCATION (City, town, or county) St Louis Co. (State) Mo

DATE REC'D BY LOCAL REG. JAN 1 1951
REGISTRAR'S SIGNATURE Jo B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Mayer ADDRESS 4356 Lindell

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____,

working under my personal supervision.

Student Embalmer No.....

Signed Elmer R. Sadwell

Licensed Embalmer No. 4077

Signed.....
Student Embalmer

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.